

Department of Administration
BUILDING CODE COMMISSION
CONTRACTORS'
REGISTRATION BOARD
One Capitol Hill
Providence, RI 02908-5859

(401) 222-1270 TDD (401) 222-6334 Web site: www.crb.state.ri.us

TIME:\_\_\_\_ FEE PAID:\_ CR8-2-98

	CLAIM NUMBER:
DATE:	

AF	PEAL APP	LICATION FORM		
1. Person Making Complaint:		2. Complaint Against:		
Name		Name	Regis #	
Company (If registered contractor)	Regis #	Company		
Mailing Address		Mailing Address		
City Zip	Phone(s) (H)	City	Zip Phone(s)	
AN APPEAL APPLICATION MUST BE REGISTRATION BOARD FOR PROCI		Y A \$20.00 CHECK MADE OUT	TO THE CONTRACTORS'	
EXCEPTION FILED BY:				
Person Making Complaint		Person against who comple	aint was filed against	
4-9 Exceptions to Commission Orde Commission has made a proced hearing or for any other reason, of the proposed order, accompatimely received, the commission	<b>lural error</b> on that p <b>To be</b> considered, <b>nied by a p</b> rocessir	roposed order and is not support exceptions must be received by t g fee of \$20.00, non-refundable.	ed by evidence received at the he commission within 20 days	
	WRITTEN	EXCEPTIONS		
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The ferror in the same of the s		(Additional space provided on b	ack side of form) (over)	
The foregoing is true, complete, and c	orrect to the best o	my knowledge and belief.		
Date		Signature		
OFFICE USE ADMINISTRATIVE HEARING				